

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which patent is sought on the invention entitled

NOVEL HUMAN  $\alpha 1$  CHAIN COLLAGEN

was filed on \_\_\_\_\_ as Patent Application No. \_\_\_\_\_, and (if applicable) was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by \_\_\_\_\_ amendment referred to above.

I acknowledge that duty to disclose information of which I am aware and which is material to the examination of the patent application in accordance with 37 CFR §1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have identified below, by checking the space, any foreign application for patent or inventor's certificate, or of any PCT International application having filing date before that of the application on which priority is claimed.

### Prior Foreign Application(s)

Number	Country	Day/Month/Year Filed	Priority Claimed
89128027	Taiwan, R.O.C.	27/12/2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Serial Number	Filing Date
_____	_____

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information known to me which is material to the patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application Serial Number	Filing Date	Status (patented, pending, abandoned)
_____	_____	_____

Each undersigned applicant hereby appoints the following attorneys to prosecute this application and to transact all business in the Patent Trademark Office connected therewith: George H. Spencer (Registration No. 18,038), Robert J. Frank (Registration No. 19,112), Norman Kunitz (Registration No. 20,586), Gabor J. Kelemen (Registration No. 21,016), John W. Schneller (Registration No. 26,031), Marina Schneller (Registration No. 26,032), Robert Kinberg (Registration No. 26,924), L. Allen Wood, Jr. (Registration No. 28,134), Ashley J. W. (Registration No. 29,847), James R. Burdett (Registration No. 31,594), Michael A. Gollin (Registration No. 31,957), Catherine M. Voorhies (Registration No. 33,074), Gary L. Shaffer (Registration No. 34,502), Chellis Erika Neal (Registration No. 36,877), G. Abe Zachariah (Registration No. 38,366), Patricia R. Brown (Registration No. 39,012), Julie A. Petruzzelli (Registration No. 40,769), Catherine A. Ferguson (Registration No. 40,877), Michael P. Leary (Registration No. 41,144), Michael A. Sartori (Registration No. 41,289), Zayd Alathari (Registration No. 42,256) Fei-Fei Chao (Registration No. 43,538).

Direct all correspondence to:

**VENABLE, BAETJER, HOWARD & CIVILETTI, LLP**, Post Office Box 34385, Washington, D.C. 20043-9998

Phone No.: (202) 962-4800 Fax No.: (202) 962-8300

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from the undersigned's assignee, if any, and/or the undersigned is not a resident of the United States, the undersigned's domestic attorney, patent attorney or patent agent, as to any action to be taken the Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the persons(s) from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of application or any patent issued thereon.

Full Name of sole or first inventor: Min-Yuan CHOU

Inventor's signature: [Signature]

Date: 7/11/2001

Residence: Same as the Post Office Address (Below)

Citizenship: Taiwan, R.O.C.

Post Office Address: 8F-1, No. 15, Lane 65, An-Min St., Hsintien, Taipei Hsien, Taiwan, R.O.C.

Full Name of second joint inventor, if any: Charng-Yih LEU

Inventor's signature: [Signature]

Date: 7/11/2001

Residence: Same as the Post Office Address (Below)

Citizenship: Taiwan, R.O.C.

Post Office Address: No. 8, Lane 17, Tai-Ping Rd., Hsintien, Taipei Hsien, Taiwan, R.O.C.

Full Name of third joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full Name of fourth joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full Name of fifth joint inventor, if any: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_